

Access this form via website at: www.state.hi.us/dcca/pvl

**EFFECTIVE
OCTOBER 26, 2000**

ADVANCED EDUCATION AND TRAINING REQUIREMENTS

1. At least 500 hours in advanced academic education and training that is beyond that required for the L.Ac. entry level that may include any combination of topics covered in categories I and II listed in "Appendix A" dated April 6, 2000 (attached); and
2. At least 1,500 hours of clinical training and practice of acupuncture, traditional Oriental herbal medicine, or traditional Oriental physiotherapy, that may include laboratory work and presentation of scholastic instruction, that was obtained after the person commenced the doctoral studies.

Attach the following:

- ## EVIDENCE OF ADVANCED CLINICAL TRAINING

Attach the following:

1. Completed form entitled, "Advanced Clinical Training Practice Records Summation", showing a true and accurate summation of 1,500 hours of clinical training broken down monthly that was obtained after doctoral studies began; and
2. Notarized letters from practitioners who supervised the advanced clinical training, written proof from hospitals, clinics, etc. verifying that the advanced clinical training was completed.
NOTE: Clinical hours practiced in the applicant's own clinic may be submitted on this form. In these cases, notarized letters from supervising practitioners are not required.

**LICENSE/DEGREE/TITLE
HELD IN OTHER STATES OR
COUNTRIES**

**APPLICATION FEE
(NON-REFUNDABLE)**

Attach the \$50 non-refundable application fee.

Make check or money order payable to "COMMERCE AND CONSUMER AFFAIRS".

Note: One of the numerous legal requirements that you must meet in order for proof of approval to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank

If for any reason you are denied approval, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application has been denied.

BOARD'S ADDRESS

Mail to: Board of Acupuncture
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

or Deliver to Office Location:
1010 Richards St, 1st Floor
Honolulu, HI 96813

Phone: (808) 586-3000

Toll Free Voice Access Numbers for Neighbor Islands:

Kauai	274-3141 Ext. 6-3000	Molokai	1-800-468-4644 Ext. 6-3000
Maui	984-2400 Ext. 6-3000	Lanai	1-800-468-4644 Ext. 6-3000
Hawaii	974-4000 Ext. 6-3000		

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

DOCTORAL PROGRAM

April 6, 2000

CATEGORY I: ORIENTAL MEDICAL SCIENCES

A. ORIENTAL MEDICAL PHILOSOPHY AND CHRONOLOGICAL STUDIES

Study of traditional philosophical literature and cultural perspectives towards Oriental medicine including classical history as related to development of acupuncture and Oriental medicine.

B. ADVANCED DIAGNOSIS AND SYMPTOMATOLOGY

Study of diagnosis techniques, including correlation of necessary data and statistic analysis to evaluate outcomes. Further study of organ system and specific acupuncture procedures to develop accurate diagnostic skills including comparison between classical and modern techniques.

C. ADVANCED MERIDIAN (Channels & Collaterals) SYSTEMS

Study and research of how the systems of the human body integrate with the internal and divergent pathways of the acupuncture meridian system.

D. ADVANCED POINT LOCATION AND FUNCTION

Study of the scientific analysis of acupuncture points based on morphological responses including systems of classical and modern methods of acupuncture point determination. A further study of the new points and scientific review of contraindications.

E. ADVANCED HERBOLOGY

Study of composition and pharmacological analysis of traditional oriental herbal formulas. A further research review of new formulas and pharmacopoeia based on traditional oriental medicine.

F. TRADITIONAL PATHOLOGY AND ETIOLOGY

Advanced studies of traditional oriental and western aspects of pathology and etiology. Study of morphological structure of "Zhang-Fu" and the influence of external, internal, and non-external/non-internal factors and patho-etiological relation with the Chinese bio-clock mechanism.

Study of the biological systemic function of the filtration of body fluids by acupuncture application. Study of the effects of acupuncture on pathological progress, transformations, and molecular metabolism of the organs.

Appendix "A"

(OVER)

CATEGORY II: ACUPUNCTURE SCIENCES APPLIED IN GENERAL MEDICINE

A. IMMUNOLOGY

Study of the modulation of the body's immunobiological mechanisms and active physiological substance changes with acupuncture and oriental medicine application on anaphylaxis and auto-immune disorders.

B. GYNECOLOGY AND UROLOGY

Study of acupuncture and oriental medicine as applied to gynecology, obstetric problems and female endocrine systems. Study of kidney and genitourinary systems to define clinical implications with acupuncture and oriental medicine applications.

C. NEUROLOGY

Study of neurological effects on the endogenous and vasomotor control with acupuncture application. A neuroanatomy and histological study of the central and peripheral nervous systems to define the significance of acupuncture applications.

D. ORTHOPEDICS

Study of the origin of and acupuncture effect on orthopedic conditions. Study of osteology and analysis of x-rays.

E. GERIATRICS/REHABILITATION/CHRONIC DISEASE

Study of acupuncture and oriental medical aspect applications to aging-related conditions. A study may extend to rehabilitation, chronic disease and pain management.

F. PEDIATRICS

Review of infant and child-related diseases and clinical application of the acupuncture and oriental medicine treatment which may include perinatalogical care. Study and practice of the pediatric acupuncture therapy instruments.

CATEGORY III: RELATED ADVANCED CLINICAL ACUPUNCTURE AND ORIENTAL MEDICINE

Clinical training practice of acupuncture, and oriental physiotherapy.

Clinical credit may include laboratorial work and presentation of scholastic instruction.

APPLICATION TO USE DOCTOR OF ACUPUNCTURE TITLE

FOR OFFICE USE ONLY

Approved [] Denied []

Initials/Date

The information being requested is required under sections 16-72-17 and 16-72-57 of the Hawaii Administrative Rules, (HAR). All items of information are mandatory and failure to provide any of the requested information will render the application as incomplete and cause significant processing delays.

All documentation and records verifying advanced academic education and clinical training and practice shall be submitted with this application. The Board of Acupuncture shall determine the sufficiency of the documentation and may require further proof and submittal of additional documents as the Board deems necessary.

Legal Name: _____
(Last) (First) (Middle/Full)

Other Name Used: _____

Residence Address: _____
(Include Apt. No., City, State & Zip Code)

Mailing Address: (If different from above) _____

Business Address: _____

Phone No. (Residence): _____ (Business): _____

Social Security Number: _____ Date of Birth: _____ Age: _____

Valid Hawaii State Acupuncture License: ACU- _____ Expiration Date: _____

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

ADVANCED ACADEMIC EDUCATION

Attach written documentation of at least 500 hours in advanced education and training that is beyond that required for the L.Ac. entry level, (for example: certificate of completion, copy of diploma, certified transcript and course description).

Name of School: _____

Name of Program: _____

Address of School: _____

Date of Attendance: From _____ To _____ Degree Earned _____
(Mo/Yr) (Mo/Yr)

CLINICAL TRAINING AND PRACTICE

Attach a completed form "Advanced Clinical Training Practice Records Summation", along with the corresponding written documentation (for example: notarized letters from practitioners who supervised the training, hospitals, clinics, etc. where the training was completed) of 1,500 hours clinical practice broken down monthly after commencement of the advanced program. Submission of the completed form of the hours you practiced in your own acupuncture clinic/practice are acceptable.

Total length of training and practice: From _____ To _____ / _____
(Mo/Yr) (Mo/Yr) (Total Hours)

Name of person/entity providing clinical training and practice (if applicable): _____

Address: _____

Total length of training and practice: From _____ To _____ / _____
(Mo/Yr) (Mo/Yr) (Total Hours)

Name of person/entity providing clinical training and practice (if applicable): _____

Address: _____

(If additional space is required, attach a separate sheet)

List all states or countries in which you have earned a degree or title, and in which you hold a current and valid acupuncture license. (Attach copy of document(s).)

State or Country	Degree/Title	License No.
1.		
2.		
3.		

(If additional space is required, attach a separate sheet)

AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements contained in this application and the documents attached verifying my advanced education and clinical training are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of use of the Doctor of Acupuncture title or for revocation of my acupuncture license (Sec. 710-1017, Hawaii Revised Statutes).

Date

Signature of Applicant

ADVANCED CLINICAL TRAINING PRACTICE RECORDS SUMMATION

Applicant's Name:
Date of Advanced or Doctoral Program's Commencement:

Month/Year	Person/Entity providing clinical training and License No. (if applicable)	Training and Practice Location and Address	No. of Hours and a description of the training & practice (which may include Acupuncture, Oriental physiotherapy, Oriental herbal medicine, Lab work & Scholastic instructions)
January 1990 <i>(example)</i>	John Doe / ACU 999	Doe Acupuncture Clinic 1010 Richards Street Honolulu, HI 96801	100 (Acupuncture-Women's Disorders)

To receive confirmation of your approval to use Doctor of Acupuncture Title, fill in your name and mailing address in the block below. This confirmation will take about 3 weeks to process. The license card will take about 6 weeks to process.

For Office Use – Date “Notice of Approval to use Doctor of Acupuncture Title” sent _____

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**NOTICE OF APPROVAL TO USE DOCTOR OF
ACUPUNCTURE TITLE**

Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs

This is authorization to use a **DOCTOR OF ACUPUNCTURE TITLE** until such time that a license card is processed.

THIS AUTHORIZATION IS VALID ONLY WHEN SIGNED BY THE EXECUTIVE OFFICER OF THE BOARD.

Fill Name & Mailing Address in Block Below:

EFFECTIVE DATE _____

EXECUTIVE OFFICER